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## BIB DATA SHEET

CONFIRMATION NO. 9356

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/825,413	04/15/2004 RULE	435	1797	P27-045		
<b>APPLICANTS</b> Rafael Gomez, West Lafayette, IN; Rashid Bashir, West Lafayette, IN; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/172,263 06/14/2002 ABN which is a DIV of 09/817,541 03/26/2001 PAT 6,716,620 which claims benefit of 60/197,560 04/17/2000 This application 10/825,413 04/15/2004 is a CIP of 10/184,237 06/26/2002 PAT 7,306,924 which is a CIP of 09/817,541 03/26/2001 PAT 6,716,620 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/25/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WILLIAM H BEISNER/ Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> R. Neil Sudol 714 Colorado Avenue Bridgeport, CT 06605-1601 UNITED STATES						
<b>TITLE</b> Biosensor and related method						
<b>FILING FEE RECEIVED</b> 448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		